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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued | Laraine | |
| | picture identification (for example, your driver's license or passport). | First name | First name |
| | | Middle name | Middle name |
| | Bring your picture identification to your | Poole | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| | | | |
| 3. | Only the last 4 digits of your Social Security number or federal | xxx-xx-6032 | |
| | Individual Taxpayer Identification number (ITIN) | | |

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Debtor 1 Laraine Poole

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 212 N. Pine Ave. Apt 1 Chicago, IL 60644 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Case number (if known) Debtor 1 Laraine Poole

| | The chapter of the Bankruptcy Code you are | Check o | no (For a b | | | | | | |
|----|--|--|-------------|---|----------|-----------------------|------------------------|--|--|
| | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ☐ Chapter 7 | | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | |
| | | ☐ Chapter 12 | | | | | | | |
| | | ■ Cha | pter 13 | | | | | | |
| 8. | How you will pay the fee | al oı | bout how yo | entire fee when I file my pe u may pay. Typically, if you ar attorney is submitting your pa | e paying | the fee yourself, y | ou may pay with cash | n, cashier's check, or money | |
| | | | | the fee in installments. If yo | ou choos | e this option, sign | and attach the Applica | ation for Individuals to Pay | |
| | | | • | e in Installments (Official Form | , | distance Community of | (II) (Ob | | |
| | | □ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a but is not required to, waive your fee, and may do so only if your income is less than 150% of the official por applies to your family size and you are unable to pay the fee in installments). If you choose this option, you the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | | | of the official poverty line that this option, you must fill out | |
| | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes. | | | | | | | |
| | | | | Northern District of IL, | | | | | |
| | | | District | Eastern Division | When | 2/26/15 | Case number | 15-06636 | |
| | | | District | | _ When | | Case number | | |
| | | | District | | _ When | | Case number | | |
| | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business | ■ No □ Yes. | | | | | | | |
| | partner, or by an affiliate? | | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | _ When | | Case number, if | known | |
| | Do you rent your | □ No. | Go to li | ne 12. | | | | | |
| | residence? | Yes. | Has yo | ur landlord obtained an eviction | on judgm | ent against you? | | | |
| | | - 103. | | No. Go to line 12. | | | | | |
| | | | _ | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About ar | n Eviction Judgme | nt Against You (Form | 101A) and file it with this | |

Document Page 4 of 58 Case number (if known) Debtor 1 Laraine Poole Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Laraine Poole Document Page 5 of 58

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Laraine Poole | | | Case nun | nber (if known) | | |
|-----|---|-----------------------|--|---|---|--|--|
| Par | t 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or busi | ness debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapt | er 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | . Do you estimate that after any exempt p available to distribute to unsecured creditors. | roperty is excluded and administrative expenses ors? | | |
| | administrative expenses | | □ No | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □Yes | | | | |
| | | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | ☐ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 |) | 5001-10,000 | ☐ 50,001-100,000 | | |
| | owe: | □ 100-1 | 99 | □ 10,001-25,000 | ☐ More than100,000 | | |
| | | □ 200-9 | 99 | | | | |
| 19. | How much do you | | 550,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,0 | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | □ \$50,000,001 - \$100 million □ \$100.000.001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | □ ψ100,000,001 - ψ300 Hillion | - Wore than \$50 billion | | |
| 20. | How much do you | \$0 - \$ | 550,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | | .001 - \$500,000 .001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| | | — \$500, | | | | | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have ex | camined this petition, and I d | eclare under penalty of perjury that the inf | formation provided is true and correct. | | |
| | | | | r 7, I am aware that I may proceed, if eligit e relief available under each chapter, and | ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | | |
| | | | | d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b). | | | |
| | | I request | relief in accordance with the | e chapter of title 11, United States Code, s | specified in this petition. | | |
| | | bankrupt and 357 | cy case can result in fines up 1. | | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | /s/ Lara | ine Poole Poole | Signature of De | btor 2 | | |
| | | | e of Debtor 1 | Oignature of De | | | |
| | | Executed | d on July 10, 2018 | Executed on | | | |
| | | | MM / DD / YYYY | | MM / DD / YYYY | | |
| | | | | | | | |

Debtor 1 Laraine Poole Document Page 7 of 58 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Xiaoming Wu ARDC | Date | July 10, 2018 |
|--|---------------|------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Xiaoming Wu ARDC #6274335 Printed name | | |
| Ledford, Wu & Borges, LLC | | |
| Firm name | | |
| 105 W. Madison | | |
| 23rd Floor | | |
| Chicago, IL 60602 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 312-853-0200 | Email address | notice@billbusters.com |
| #6274335 IL | | |
| Bar number & State | | |

| | | Docume | ent Page 8 of 58 | |
|---------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this inforr | mation to identify your | case: | | |
| Debtor 1 | Laraine Poole | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | ☐ Check if this is an |
| , | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets f what you own |
|-----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,150.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,150.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 34,078.29 |
| | Your total liabilities | \$ | 34,078.29 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,683.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,003.00 |
| Par | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Ocopy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 18,944.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 18,944.00 |

Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Document Page 10 of 58 Fill in this information to identify your case and this filing: Debtor 1 **Laraine Poole** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe.....

Misc used household goods and furnishings, including: Sofa, Loveseat, Entertainment Center, Coffee Table, End Tables, Dining Table/Chairs, Refrigerator, Stove, Microwave, Dishwasher, Washer/Dryer, Pots/Pans, Dishes/Flatware, Vacuum, Coffee Maker,

Bedroom Sets, Lamps, Bookshelf, File Cabinet, Desk & Chair

\$1,000.00

| Debtor 1 | Laraine Poole | Document | Page 11 of 58 Case numbe | r (if known) |
|------------------------------------|--|-----------------------------------|--|---|
| 7. Electron Examp | | | ipment; computers, printers, scanne | rs; music collections; electronic devices |
| | Describe | | | |
| | Television | sets, and Cell Phone | | \$100.00 |
| | ibles of value les: Antiques and figurines; pain other collections, memorabi | | ooks, pictures, or other art objects; s | amp, coin, or baseball card collections; |
| | Describe | | | |
| Examp | nent for sports and hobbies les: Sports, photographic, exerc musical instruments Describe | se, and other hobby equipment | ; bicycles, pool tables, golf clubs, ski | s; canoes and kayaks; carpentry tools; |
| ■ No | ms ples: Pistols, rifles, shotguns, ar Describe | nmunition, and related equipme | nt | |
| 11. Clothe <i>Exam</i> □ No | | ther coats, designer wear, shoe | s, accessories | |
| | Necessary | Wearing Apparel | | \$50.00 |
| ■ No | | ; jewelry, engagement rings, we | dding rings, heirloom jewelry, watche | es, gems, gold, silver |
| Exam ■ No | arm animals ples: Dogs, cats, birds, horses Describe | | | |
| ■ No | ther personal and household in Give specific information | tems you did not already list, | including any health aids you did | not list |
| | the dollar value of all of your o art 3. Write that number here | | any entries for pages you have att | ached \$1,150.00 |
| | escribe Your Financial Assets | | | |
| Do you o | wn or have any legal or equita | ble interest in any of the follo | wing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash Exam No □ Yes | ples: Money you have in your w | allet, in your home, in a safe de | oosit box, and on hand when you file | your petition |

Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Document Page 12 of 58 Case number (if known) Debtor 1 **Laraine Poole** 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No ■ Yes..... 17.1. Checking **Chase Bank** \$0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No $\hfill \square$ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles

■ No
□ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Document Page 13 of 58 Case number (if known) Debtor 1 **Laraine Poole** Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

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Case number (if known) Document Debtor 1 **Laraine Poole**

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,150.00 Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$1,150.00 \$1,150.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$1,150.00

Official Form 106A/B Schedule A/B: Property page 5

| | I A A A HILL. | 111 1 1111. 11. 11 11 11 | | |
|-------------------------|-------------------------------------|--|--|--|
| nation to identify your | case: | | | |
| Laraine Poole | | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | ☐ Check if this is an amended filing |
| | Laraine Poole First Name First Name | Laraine Poole First Name Middle Name First Name Middle Name | Laraine Poole First Name Middle Name Last Name First Name Middle Name Last Name | Laraine Poole First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property | You Claim as Exempt |
|-------------------------------|---------------------|
|-------------------------------|---------------------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Diet description of the assessment and line on Comment value of the Assessment of th

| Schedule A/B that lists this property | portion you own | | | Specific laws that allow exemption | | |
|--|-------------------------------------|-----|---|------------------------------------|--|--|
| | Copy the value from Schedule A/B | Che | | | | |
| Misc used household goods and furnishings, including: Sofa, Loveseat, Entertainment Center, Coffee Table, End Tables, Dining Table/Chairs, Refrigerator, Stove, Microwave, Dishwasher, Washer/Dryer, Pots/Pans, Dishes/Flatware, Vacuum, Coffee Maker, Bedroom Line from Schedule A/B: 6.1 | \$1,000.00 | | \$1,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | |
| Television sets, and Cell Phone Line from <i>Schedule A/B</i> : 7.1 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | |
| Necessary Wearing Apparel Line from Schedule A/B: 11.1 | \$50.00 | | \$50.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) | | |

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Debtor 1 Laraine Poole

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

| Fill in this infor | | | | |
|---|---------------|-------------------|-------------|-----------------------|
| Debtor 1 | Laraine Poole | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| _ | | Document | Page 18 of 58 | |
|--|---|--|--|--|
| Fill in this info | rmation to identify your ca | ise: | | |
| Debtor 1 | Laraine Poole | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | sankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official For | m 106E/F | | | |
| Schedule | E/F: Creditors Wh | o Have Unsecured | Claims | 12/15 |
| Schedule D: Cred left. Attach the Co name and case n | litors Who Have Claims Secur | ed by Property. If more space is If you have no information to re | Oo not include any creditors with partially a needed, copy the Part you need, fill it out, port in a Part, do not file that Part. On the t | number the entries in the boxes on the |
| | itors have priority unsecured | | | |
| | | ciaillis agailist you? | | |
| ■ No. Go to | Part 2. | | | |
| Part 2: List | All of Your NONPRIORITY | Unsecured Claims | | |
| | | | | |
| _ ` | itors have nonpriority unsecu | t. Submit this form to the court with | your other schedules. | |
| Yes. | | | | |
| unsecured cla | aim, list the creditor separately f | or each claim. For each claim listed | ne creditor who holds each claim. If a credit d, identify what type of claim it is. Do not list claim have more than three nonpriority unsecured c | aims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 AllSta | te Indemnity Co. | Last 4 digits of acc | ount number | \$70.00 |
| P.O. B | rity Creditor's Name | When was the debt | incurred? | |
| | n, MA 02205 Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| Who inc | curred the debt? Check one. | | | |
| Debt | or 1 only | ☐ Contingent | | |
| ☐ Debt | or 2 only | ☐ Unliquidated | | |
| ☐ Debt | or 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At lea | ast one of the debtors and anoth | 101 | RITY unsecured claim: | |
| debt | ck if this claim is for a commu | ☐ Obligations arisin | ng out of a separation agreement or divorce th | nat you did not |
| _ | aim subject to offset? | report as priority clai | | |
| ■ No | | • | or profit-sharing plans, and other similar deb | ts |
| ☐ Yes | | Other. Specify | Debt Owed | |

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Debtor 1 Laraine Poole Case number (if know) 4.2 \$1,336.29 AT & T Last 4 digits of account number 4828 Nonpriority Creditor's Name PO Box 8105 When was the debt incurred? Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Cell phone ☐ Yes 4.3 **Capital One** Last 4 digits of account number 3779 \$2,964.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/15 Last Active Po Box 30285 When was the debt incurred? 1/03/17 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Cavalry Portfolio Services** \$1,195.00 Last 4 digits of account number 3456 Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? **Opened 12/17** 500 Summit Lake Ste 400 Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify Collection Attorney Synchrony Bank ☐ Yes

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Debtor 1 Laraine Poole Case number (if know) 4.5 \$488.00 **Cavalry Portfolio Services** Last 4 digits of account number 5313 Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? **Opened 12/17** 500 Summit Lake Ste 400 Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Synchrony Bank ☐ Yes City of Chicago Corporate \$1,000.00 4.6 Counselor Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? Suite 600 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Fines ☐ Yes 4.7 Dept of Ed / 582 / Nelnet Last 4 digits of account number 5436 \$8,601.00 Nonpriority Creditor's Name Opened 02/12 Last Active Attn: Claims 3/05/15 Po Box 82505 When was the debt incurred? Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational

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Debtor 1 Laraine Poole Case number (if know) 4.8 \$4,271.00 Dept of Ed / 582 / Nelnet Last 4 digits of account number 0132 Nonpriority Creditor's Name Attn: Claims Opened 02/14 Last Active Po Box 82505 When was the debt incurred? 3/05/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.9 Dept of Ed / 582 / Nelnet Last 4 digits of account number 5336 \$3,751.00 Nonpriority Creditor's Name Attn: Claims Opened 02/12 Last Active Po Box 82505 When was the debt incurred? 3/05/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Dept of Ed / 582 / Nelnet 0032 \$2.321.00 0 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 02/14 Last Active Po Box 82505 When was the debt incurred? 3/05/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Other. Specify ☐ Yes Educational

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Case number (if know)

| Debtor | 1 Laraine Poole | | Case number (if know) | | | |
|--------|--|---|---|----------|--|--|
| 4.1 | First Saving Bank / Blaze | Last 4 digits of account number | 4872 | \$556.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5096 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 05/16 Last Active 1/04/17 | | | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | First Savings Credit Card Nonpriority Creditor's Name | Last 4 digits of account number | 8111 | \$580.00 | | |
| | Po Box 5019 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 05/16 Last Active 1/04/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | \square Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | Harvard Collection | Last 4 digits of account number | 5448 | \$60.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 4839 N Elston Ave. | When was the debt incurred? | Opened 02/17 | | | |
| | Chicago, IL 60630 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | , | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | No | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | — INO | | | | | |
| | □Yes | Other. Specify Human Ser | Attorney II Department Of | | | |

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Case number (if know) Debtor 1 Laraine Poole 4.1 \$747.00 Illinois Department Human Services Last 4 digits of account number 4 Nonpriority Creditor's Name 100 S Grand Ave E When was the debt incurred? Springfield, IL 62762 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Overpayment of Benefits ☐ Yes 4.1 **Portfolio Recovery** 9016 \$578.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Po Box 41021 When was the debt incurred? **Opened 09/17** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Synchrony** ☐ Yes Other. Specify **Bank** Sears/cbna \$900.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 6282 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card or Credit Use ☐ Yes

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Case number (if know)

| Debtor | 1 Laraine Poole | | Case number (if know) | | | | |
|--------|--|---|---|----------|--|--|--|
| 4.1 | Security Check | | 7266 | \$976.00 | | | |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | | φ970.00 | | | |
| | Attn: Bankruptcy Dept 2612 Jackson Ave W | When was the debt incurred? | Opened 10/17 | | | | |
| | Oxford, MS 38655 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | _ | | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | • | d alaim. | | | | |
| | At least one of the debtors and another | Disputed Type of NONPRIORITY unsecured claim: community Student loans Obligations arising out of a separation agreement or divorce that you | | | | | |
| | ☐ Check if this claim is for a community debt | _ | vestion agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | iration agreement of divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Collection | Attorney Tempoe Llc | | | | |
| 4.1 | Signature Smiles Dental Care | Last 4 digits of account number | 4626 | \$100.00 | | | |
| 0 | Nonpriority Creditor's Name 1128 Lake Street, Ste 1 | When was the debt incurred? | 2018 | • | | | |
| | Oak Park, IL 60301 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Medical or | Dental Services | | | | |
| 4.1 | Synchrony Bank/ JC Penneys | | 5166 | \$9.00 | | | |
| 9 | Nonpriority Creditor's Name | Last 4 digits of account number | | ψ3.00 | | | |
| | Attn: Bankruptcy Dept | | Opened 03/89 Last Active | | | | |
| | Po Box 965060 | When was the debt incurred? | 2/26/18 | | | | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | • | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | | aration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | | | | | |
| | ☐ Yes | ■ Other, Specify Charge Acc | count | | | | |

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Case number (if know) Debtor 1 Laraine Poole 4.2 T-Mobile \$3,000.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 742596 When was the debt incurred? Cincinnati, OH 45274-2596 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utility Bills or Cellular Service ☐ Yes 4.2 0804 **Target** \$575.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/15 Last Active **Target Card Services** Mail Stop NCB-0461 1/03/17 When was the debt incurred? Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Arnold Scott Harris, P.C. Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W. Jackson Blvd Part 2: Creditors with Nonpriority Unsecured Claims Ste 600 Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AT & T Line $\underline{4.2}$ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 5080 ■ Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197-5080 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Attorney General Welfare Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 160 N. LaSalle Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60601 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

Blitt & Gaines

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

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| | Case number (if know) | | | | | |
|------------------------------------|--|--|--|--|--|--|
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | | | | | | |
| On which entry in Part 1 or Part 2 | | | | | | |
| Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | | | | | | |
| Last 4 digits of account number | | | | | | |
| On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | | |
| Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | Last 4 digits of account number | | | | | |
| On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | | |
| Line 4.1 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | | | | | | |
| On which entry in Dort 1 or Dort 2 | did you list the existed available? | | | | | |
| | □ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| . (| ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | | | | | |
| | did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Line 4.14 of (Check one). | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | | | | | | |
| On which entry in Part 1 or Part 2 | | | | | | |
| Line 4.16 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Last 4 digits of account number | | | | | | |
| On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | | |
| Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | | | | | | |
| Last 4 digits of account number | | | | | | |
| | On which entry in Part 1 or Part 2 of Line 4.6 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of Line 4.6 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of Line 4.1 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 of (Check one): Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------|-----|---|-----|----|--------------------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim 18.944.00 |
| Total claims | oi. | otacin Isans | 01. | Ψ | 18,944.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |

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Page 27 of 58 Case number (if know) Debtor 1 Laraine Poole 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 0.00

Other. Add all other nonpriority unsecured claims. Write that amount 6i. 15,134.29

6j.

34,078.29

Total Nonpriority. Add lines 6f through 6i.

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

| | | I AUGUITIE. | 111 FAUE 70 ULJO | |
|---|--------------------------|-------------------|------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Laraine Poole | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | <u></u> |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.3 | J., | | <u> </u> | 2 0000 | |
| 2.5 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olleet | | | |
| | City | | State | ZIP Code | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | | | | | |
| | - N | 0, , | | | _ |
| | Number | Street | | | |
| | - | | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| | | | | | |

| | | Docume | ent Page 29 d | of 58 | |
|--------------------|--|---|------------------------|---|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Laraine Poole | | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | - | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case numl | ber | | | | — OL 1 (4): : |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | lobtoro | | | 4044 |
| sched | lule H: Your Cod | eptors | | | 12/15 |
| Arizon ■ No. □ Yes | hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo | , Nevada, New Mexico, Pu use, or legal equivalent live | erto Rico, Texas, Wash | ington, and Wisconsin.) | ty states and territories include |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| | o.i, | Claire | 2 0000 | | |
| | | | | | |
| 3.2 | Name | | | Schedule D, lir | |
| | INGING | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | <u> </u> | | _ | |
| | City | State | ZIP Code | | |

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| E:III | in this information to i | dontify your or | 200 | | | | ı | | | | |
|-------------|--|-------------------------------|--|---|------------|------|-------------|-------------------|--------------------------|----------------------------------|----------|
| | | _araine Poo | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankruptcy | Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number nown) | | | | | | □ A | | ed filing ent showin | g postpetition ollowing date: | |
| 0 | fficial Form 1 | <u>06l</u> | | | | | N | 1M / DD/ \ | /YYY | | |
| S | chedule I: Y | our Inc | ome | | | | | | | | 12/15 |
| spo atta | use. If you are separ ch a separate sheet to the separate sheet sh | ated and you to this form. | are married and not filii r spouse is not filing wi On the top of any additi | th you, do not inclu | ıde infor | mati | on about | your speumber (if | ouse. If mo known). A | ore space is answer every | needed, |
| | information. | | | | | | | | | ling spouse | |
| | If you have more that attach a separate particular information about ac | age with | Employment status | ■ Employed□ Not employed | | | | ☐ Empl | mployed | | |
| | employers. | | Occupation | Cabin Cleaner | | | | | | | |
| | Include part-time, se self-employed work. | | Employer's name | Prospect Airpo | rt Servi | ces | Inc. | | | | |
| | Occupation may incor homemaker, if it a | | Employer's address | 2130 S. Wolf Ro Des Plaines, IL | | | | | | | |
| | | | How long employed to | here? 9 mont | ths | | | _ | | | |
| Par | t 2: Give Detai | ls About Mor | thly Income | | | | | | | | |
| | mate monthly incom use unless you are se | | ate you file this form. If | you have nothing to r | report for | any | line, write | 9 \$0 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing sp e space, attach a sepa | | ore than one employer, co | ombine the information | on for all | empl | oyers for | that perso | on on the li | nes below. If | you need |
| | | | | | | | For Dek | otor 1 | | btor 2 or ing spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | 1 | ,913.00 | \$ | N/A | |
| 3. | Estimate and list m | nonthly overt | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Inc | come. Add lir | ne 2 + line 3. | | 4. | \$ | 1,91 | 13.00 | \$ | N/A | |

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| Debto | or 1 | Laraine Poole | - | (| Case r | number (<i>if kn</i> | own) | | | | |
|-------|---------------|---|----------|------------|----------|-----------------------|------|-------------|------------------------|-------------|----------|
| | | | | | | Debtor 1 | | noi | r Debtor n-filing s | spouse | |
| | Cop | y line 4 here | 4. | | \$ | 1,913 | 3.00 | \$ _ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 355 | .00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | | .00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | ; . | \$ | 0 | .00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | 1. | \$ | | .00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e | | \$ | | .00 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g 5h | J. 1.+ | \$ \$ | | 0.00 | *_ + * | | N/A N/A | _ |
| • | | · · · · · · · · · · · · · · · · · · · | _ | | · — | | | · : — | | | _ |
| | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | | 5.00 | \$_ • | | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,558 | 3.00 | \$_ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 8a | ۱. | \$ | 0 | .00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b |). | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | ; . | \$ | 0 | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d | i. | \$ | | .00 | \$ | | N/A | |
| | 8e. | Social Security | 8e |) . | \$ | 1,125 | .00 | \$_ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g | | \$ | | .00 | \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$ | 0 | .00 | + \$_ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | <u> </u> | 1,125 | 5.00 | \$_ | | N/ | 4 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2 | 2,683.00 | + \$ | | N/A | = \$ | 2,683.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | , | | | | | , |
| | Incli othe | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | | Schedule | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | e. 12. | \$Combi | 2,683.00 |
| 40 | . | | ^ | | | | | | | month | y income |
| 13. | יסם <u>י</u> | you expect an increase or decrease within the year after you file this form No. | • | | | | | | | | |
| | _ | Yes. Explain: | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| :11 | in this informat | ion to identify ye | | | | ı | | | | | | |
|-------------|-----------------------------|---------------------|------------------|--|--|-------------|-------------------|------------------|---|-------|--|--|
| | in this informat | ion to identify yo | ur case. | | | | | | | | | |
| Deb | Laraine Poole | | | | | | Check if this is: | | | | | |
| | | | | | | | | mended filing | | | | |
| ! | ouse, if filing) | | | | | | | | ving postpetition char the following date: | oter | | |
| (Spc | ouse, ii iiiing) | | | | | | 13 6 | cpenses as on | the following date. | | | |
| Unit | ed States Bankru | ptcy Court for the: | NORTH | MM / DD / YYYY | | | | | | | | |
| Cas | e number | | | | | | | | | | | |
| (If kı | nown) | | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | | |
| S | chedule | J: Your I | Exner | 2021 | | | | | | 12/15 | | |
| | | | | If two married people | are filing together b | oth are e | nually r | esponsible fo | r supplying correct | | | |
| info | ormation. If mo | | eded, atta | ch another sheet to thi | | | | | | | | |
| Par | t 1: Descri | be Your House | hold | | | | | | | | | |
| 1. | Is this a join | t case? | | | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | | | |
| | ☐ Yes. Does | s Debtor 2 live i | n a separ | ate household? | | | | | | | | |
| | □ No | | • | | | | | | | | | |
| | | | t file Offici | al Form 106J-2, Expens | es for Senarate House | ehold of D | ehtor 2 | | | | | |
| | | | t iiio Oiiio | ar om 1000 2, <i>Expon</i> o | oo for ooparate fload | 711010 OI D | 00101 2. | | | | | |
| 2. | Do you have | dependents? | ☐ No | | | | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | | ependent's ge | Does dependent live with you? | | | |
| | Do not state t | tha | | | | | | | □ No | | | |
| | dependents r | | | | Son | | 1 | 6 | ■ Yes | | | |
| | · | | | | - | | | | □ No | | | |
| | | | | | | | | | ☐ Yes | | | |
| | | | | | - | | | | □ No | | | |
| | | | | | | | | | □ Yes | | | |
| | | | | | | | | | □ No | | | |
| | | | | | | | | | ☐ Yes | | | |
| 3. | Do your exp | enses include | | No | | | | | 00 | | | |
| | | people other th | nan $_{\square}$ | Yes | | | | | | | | |
| | yourself and | your depender | nts? ⊔ | 162 | | | | | | | | |
| Par | t 2: Estima | ate Your Ongoir | na Month | v Expenses | | | | | | | | |
| | | | | uptcy filing date unless | vou are using this f | orm as a | suppler | ment in a Cha | pter 13 case to repo | ort | | |
| exp | | | | y is filed. If this is a su | | | | | | | | |
| Incl | lude expenses | s paid for with r | on-cash | government assistance | e if you know | | | | | | | |
| the | value of such | assistance and | | luded it on Schedule I. | | | | ., | | | | |
| (Off | ficial Form 106 | 6I.) | | | | | | Your expe | enses | | | |
| | | | | | | | | | | | | |
| 4. | | | | ses for your residence | Include first mortgage | | \$ | | 900.00 | | | |
| | payments and | d any rent for the | e ground c | or iot. | | | Ψ — | | | | | |
| | If not include | ed in line 4: | | | | | | | | | | |
| | | state taxes | | | | 4a. | · — | | 0.00 | | | |
| | | ty, homeowner's | | | | 4b. | : — | | 0.00 | | | |
| | | | | upkeep expenses | | 4c. | · · · — | | 0.00 | | | |
| E | | owner's associati | | | | 4d. | | | 0.00 | | | |
| 5. | Additional m | iortgage payme | ents for yo | our residence , such as l | nome equity loans | 5. | \$ | | 0.00 | | | |

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| Debtor 1 | Laraine Poole | Case number (if known) | |
|-----------------|--|--|----------------------------|
| 6. Util | ities: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 100.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 0.00 |
| 6d. | Other Specify Cable | 6d ¢ | 89.00 |
| | Cell Phones | | 120.00 |
| | Internet | | 49.00 |
| . Foo | d and housekeeping supplies | | 400.00 |
| | Idcare and children's education costs | 8. \$ | 0.00 |
| | thing, laundry, and dry cleaning | 9. \$ | 75.00 |
| | sonal care products and services | 10. \$ | 70.00 |
| | lical and dental expenses | 11. \$ | 0.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | not include car payments. | 12. \$ | 150.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 50.00 |
| 4. Cha | ritable contributions and religious donations | 14. \$ | 0.00 |
| 5. Ins ı | urance. | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a | . Life insurance | 15a. \$ | 0.00 |
| 15b | . Health insurance | 15b. \$ | 0.00 |
| 15c | . Vehicle insurance | 15c. \$ | 0.00 |
| | . Other insurance. Specify: | 15d. \$ | 0.00 |
| Spe | es. Do not include taxes deducted from your pay or included in lines 4 or cify: | 20. 16. \$ | 0.00 |
| | allment or lease payments: | • | |
| | . Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | . Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | Other. Specify: | 17c. \$ | 0.00 |
| | . Other. Specify: | 17d. \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not re | | 0.00 |
| aea Oth | ucted from your pay on line 5, Schedule I, Your Income (Official Forr er payments you make to support others who do not live with you. | * | 0.00 |
| | cify: | 19. | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or | | |
| | . Mortgages on other property | 20a. \$ | 0.00 |
| | . Real estate taxes | 20b. \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | . Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | . Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| | er: Specify: | 21. +\$ | 0.00 |
| | | | 0.00 |
| | culate your monthly expenses | | |
| | . Add lines 4 through 21. | \$ | 2,003.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 \$ | |
| 22c | . Add line 22a and 22b. The result is your monthly expenses. | \$ | 2,003.00 |
| 3. Cal | culate your monthly net income. | | |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 2,683.00 |
| | . Copy your monthly expenses from line 22c above. | 23b\$ | 2,003.00 |
| | , , , | · | |
| 23c | . Subtract your monthly expenses from your monthly income. | | |
| | The result is your monthly net income. | 23c. \$ | 680.00 |
| | you expect an increase or decrease in your expenses within the year example, do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year or do you expect to finish paying for your car loan within the year. | | or decrease because of a |
| mod | ification to the terms of your mortgage? | rpeor your mongage payment to increase | o or accrease because of a |
| I | | | |
| | /es. Explain here: | | |

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| Elli in di la la Car | | | | | |
|---------------------------|--|--------------------------|--------------------------|--------------------------|--|
| | mation to identify your | case: | | | |
| Debtor 1 | Laraine Poole First Name | Middle Name | Last Name | | |
| Debtor 2 | Filst Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | - | | | | |
| Declarat | tion About a | ın Individual | Debtor's So | chedules | 12/15 |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | ed with this declaration | and |
| X /s/ Lar | aine Poole | | X | | |
| | ne Poole ure of Debtor 1 | | Signature of | f Debtor 2 | |
| Date | July 10. 2018 | | Date | | |

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| | n this inform | nation to identify you | r casa: | | | |
|------------------------|---|--|--|---|---|---|
| | | | case. | | | |
| Debtor 1 | | Laraine Poole First Name | Middle Name | Last Name | | |
| | tor 2 ise if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | | |
| Unit | ed States Bar | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case number (if known) | | | | _ | Check if this is an Imended filing | |
| Sta Be as | s complete a | of Financial | | re filing together, both are | ankruptcy equally responsible for sup additional pages, write you | |
| numl | |). Answer every ques | stion. Irital Status and Where You | Lived Refore | | |
| | | current marital statu | | LIVOU DEIOIE | | |
| | ☐ Married■ Not married | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | all of the places you li | ived in the last 3 years. Do no | ot include where you live now | : | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | ificial Form 106H). | | |
| Part | 2 Explain | n the Sources of You | r Income | | | |
| | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$12,658.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Page 36 of 58 Case number (if known) Debtor 1 Laraine Poole

| | | | | Debtor 1 | | | | Deb | tor 2 | | | |
|--|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | | Sources of Check all th | | | income e deductions and ions) | | rces of inc | | Gross income (before deductions and exclusions) | |
| For last calendar year: (January 1 to December 31, 2017) | | | | ■ Wages, commissions, bonuses, tips \$9,516.00 | | | | | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | ☐ Operatin | g a business | | | | Operating a | business | | |
| 5. | Include include and other winnings. List each s | come regard public benef If you are fili | less of wheth it payments; ng a joint cas he gross inco | er that incompensions; rensions; rensions; rensions; rensie and you ha | e is taxable. Ex tal income; inte ve income that | amples of erest; divid you receiv | | e alimony ected fro t only on | m lawsuits; ce under De | royalties; and ebtor 1. | curity, unemployment, I gambling and lottery | |
| | | | | Debtor 1 | | | | Deb | tor 2 | | | |
| | | | | Sources of Describe be | | each | income from source e deductions and ions) | Sou | rces of inc cribe below | | Gross income (before deductions and exclusions) | |
| From January 1 of current year until So the date you filed for bankruptcy: | | | Social Sec | Social Security \$6,750.00 | | | | | | | | |
| | last calen | dar year: December | 31, 2017) | Social Sec | curity | | \$13,236.00 |) | | | | |
| | | dar year be December | | Social Sec | curity | | \$13,000.00 |) | | | | |
| | Are either No. | Debtor 1's Neither De individual p During the No. Yes * Subject | or Debtor 2' ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e include pay | s debts prime bettor 2 has personal, fan are you filed for a cach creditor to be ditor. Do not payments to a con 4/01/19 a con 4/01/19 a con are you filed for a cach creditor to each creditor to a con a c | or bankruptcy, do whom you par include payme an attorney for the notice of the payme are also be a second or bankruptcy, do whom you parestic support of | er debts? umer deb bld purpos did you pay aid a total of this bankro rs after tha umer deb did you pay | ts. Consumer dele." y any creditor a to of \$6,425* or more nestic support obluptcy case. at for cases filed of ts. y any creditor a to of \$600 or more a | e in one eligations on or afte tal of \$6 | 425* or more pay, such as chor the date of the common of t | re? ments and th ild support ar f adjustment. | (8) as "incurred by an e total amount you and alimony. Also, do creditor. Do not aclude payments to an | |
| | Creditor' | s Name and | d Address | | Dates of payme | ent | Total amount paid | Am | ount you still owe | Was this p | ayment for | |

Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Document Page 37 of 58 Case number (if known) Debtor 1 Laraine Poole Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Capital One Vs. Laraine Poole Breach of Circuit Court of Cook Pending 2018 M1 108604 Contract County, IL □ On appeal □ Concluded Affidavit for Wage **Deduction Filed** Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property **Date** Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

Nο

Nο

Yes. Fill in the details. **Creditor Name and Address**

П Yes Amount

Date action was

taken

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Case number (if known) Document Debtor 1 Laraine Poole

| Par | t 5: List Certain Gifts and Contributions | | | | | | |
|-----|--|---|-----------------------------------|-----------------------|--|--|--|
| 3. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts with a total value of more t | han \$600 per person | ? | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: | Describe the gifts | Dates you gave the gifts | Value | | | |
| 4. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con | tcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | | |
| | Gifts or contributions to charities that totamore than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value | | | |
| Par | t 6: List Certain Losses | | | | | | |
| 5. | or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred. | ey or since you filed for bankruptcy, did you lose any escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending | Date of your loss | Value of property | | | |
| Par | | surance claims on line 33 of <i>Schedule A/B: Property.</i> | | | | | |
| 6. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424 | \$60.00 for merged, multi-bureau credit report, credit counseling and debtor education courses. | 04/2018 | \$60.00 | | | |
| 7. | | cy, did you or anyone else acting on your behalf pay or sor to make payments to your creditors? ou listed on line 16. | or transfer any prope | erty to anyone who | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

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Case number (if known) Document

Debtor 1 Laraine Poole

| 8. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No | ousiness or financial affa ade as security (such as t | airs? the granting of a | | | | |
|-----|---|--|----------------------------|--------------|---|-------------------------|----|
| | Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and very property transfer | | payme | ibe any property or ents received or debts n exchange | Date transfer wa | IS |
| | Person's relationship to you | | | | _ | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro- | | y property to a | self-settle | d trust or similar device | of which you are a | l |
| | No Yes. Fill in the details. | | | | | | |
| | Yes. Fill in the details. Name of trust | Description and v | value of the pro- | norty trans | eforred | Date Transfer w | 26 |
| | Name of trust | Description and v | alue of the pro | perty trails | sierreu | made | 23 |
| Par | t 8: List of Certain Financial Accounts, In | struments. Safe Deposit | t Boxes, and St | orage Unit | S | | |
| | | • | • | • | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? | cy, were any financial ac | counts or instr | uments he | ld in your name, or for y | our benefit, closed | l, |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and | Last 4 digits of | Type of accou | unt or | Date account was | Last balan | |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | | closed, sold, moved, or transferred | before closing trans | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for | bankruptcy, ar | ny safe dep | posit box or other depos | itory for securities | , |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit | or place other than your | home within 1 | year befor | e you filed for bankrupto | cy? | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| D | A Libertife Brownerte Vereilleld on Occident | . (O El | | | | | |
| Pal | t 9: Identify Property You Hold or Control | i for Someone Eise | | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Incli | ude any propert | ty you bori | rowed from, are storing t | for, or hold in trus | : |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Val | ue |
| D- | 4.40. Cive Deteils About Fundament | • | | | | | |
| Par | t 10: Give Details About Environmental Inf | ormation | | | | | |
| or | the purpose of Part 10, the following definiti | ions apply: | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 **Laraine Poole**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it No Yes. Fill in the details. | | nazardous material, polititain, contaminant, or similar term. | | | | | | | |
|--|---|--|---|--|-------|-----------------------------------|--------------------|--|--|
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State | Repo | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State an | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental | | | | | ntal law? | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address Name of accountant or bookkeeper | | | *** | | | | | | |
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Date of XIP Code) | | | | Address (Number, Street, City, State and | d | | Date of notice | | |
| Yes. Fill in the details. Name of site | 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Case Number Case Number Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of case Status of case Status of case Status of case Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Address (Number, Street, City, State and ZIP Code) | | | *** | | | | | | |
| No Yes. Fill in the details. Case Title Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper | | | | Address (Number, Street, City, State and | d | | Date of notice | | |
| Yes. Fill in the details. Case Title | 26. | Hav | e you been a party in any judicial or adn | ninistrative proceeding under any envi | ironn | nental law? Include settlements a | nd orders. | | |
| Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper | | | *** | | | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name | | | | Name Address (Number, Street, City, | Nat | ture of the case | Status of the case | | |
| □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper | Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Po not include Social Security number of the pookkeeper | 27. | With | nin 4 years before you filed for bankrupt | cy, did you own a business or have an | ıy of | the following connections to any | business? | | |
| □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper | | _ ` _ ` _ ` _ ` _ ` _ ` _ ` _ ` _ ` _ ` | | | | | | | |
| □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| □ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Do not include Social Security number of the properties of a corporation Employer Identification number Do not include Social Security number of the properties of a corporation | | ☐ A partner in a partnership | | | | | | | |
| No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Do not include Social Security number of the polymer of the | | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | | |
| Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Do not include Social Security number of the properties of the | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Employer Identification number Do not include Social Security number of Name of accountant or bookkeeper | | | No. None of the above applies. Go to P | art 12. | | | | | |
| Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper | | | Yes. Check all that apply above and fill | in the details below for each business | s. | | | | |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper | | | | Describe the nature of the business | | | | | |
| | | | | Name of accountant or bookkeeper | | · | number or ITIN. | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fina institutions, creditors, or other parties. | | | | cy, did you give a financial statement t | to an | nyone about your business? Inclu | de all financial | | |
| ■ No | | | No | | | | | | |
| ☐ Yes. Fill in the details below. | | | Yes. Fill in the details below. | | | | | | |
| Name Address (Number, Street, City, State and ZIP Code) | | Add | dress | Date Issued | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Page 41 of 58
Case number (if known) Document

Debtor 1 Laraine Poole

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Laraine Poole | |
|-------------------------|---|
| Laraine Poole | Signature of Debtor 2 |
| Signature of Debtor 1 | |
| Date July 10, 2018 | Date |
| Did you attach addition | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No | |
| ☐ Yes | |
| Did you pay or agree to | ay someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received , \$**0.00**

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | and the second s | |
|---|--|--|
| Signed: | | |
| /s/ Laraine Poole | /s/ Xiaoming Wu ARDC | |
| Laraine Poole | Xiaoming Wu ARDC #6274335 | |
| | Attorney for the Debtor(s) | |
| Debtor(s) | | |
| Do not sign this agreement if the amour | nts are blank. | |

Local Bankruptcy Form 23c

Case 18-19318 Doc 1 Filed 07/10/18 Entered 07/10/18 15:21:39 Desc Main Document Page 52 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Laraine Poole | | Case No. | | |
|------------|---|--|---|---|-------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOR | RNEY FOR DI | EBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered | or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have received | d | \$ | 0.00 | |
| | Balance Due | | \$ | 4,000.00 | |
| 2. \$ | \$ 310.00 of the filing fee has been paid. | | | | |
| 3. 1 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4.] | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| | ■ I have not agreed to share the above-disclosed com □ I have agreed to share the above-disclosed comper | | • | • | |
| | copy of the agreement, together with a list of the n | | | | . А |
| 6. l | In return for the above-disclosed fee, I have agreed to | render legal service for all aspect | s of the bankruptcy | case, including: | |
| t c | a. Analysis of the debtor's financial situation, and render to the Preparation and filing of any petition, schedules, stock Representation of the debtor at the meeting of credit of the provisions as needed. Exemption planning; preparation and filing of motions pursuant to 11 Uses | atement of affairs and plan which itors and confirmation hearing, an filling of reaffirmation agreen | may be required; ad any adjourned hea nents and applica | rings thereof; tions as needed; prepara | ıtion |
| 7. E | By agreement with the debtor(s), the above-disclosed fine Representation of the debtors in any depth of the debtors in any debtors. | fee does not include the following lischargeability actions or ar | ; service: ny other adversar | y proceeding. | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a cankruptcy proceeding. | any agreement or arrangement for | payment to me for r | epresentation of the debtor(s) | in |
| Jı | uly 10, 2018 | /s/ Xiaoming Wu | ARDC | | |
| D_{ℓ} | ate | Xiaoming Wu AR Signature of Attorne | | | |
| | | Ledford, Wu & Bo | | | |
| | | 105 W. Madison 23rd Floor | | | |
| | | Chicago, IL 60602 | 2 | | |
| | | 312-853-0200 Fa | | | |
| | | notice@billbuster | | | |

Name of law firm

Entered 07/10/18 15:21:39

Desc Main

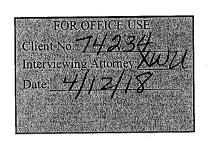
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BILLBUSTERS

Ledford, Wu and Borges, LLC

Attorneys at Law 105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

CONSULTATION AGREEMENT



THIS AGREEMENT IS REQUIRED BY FEDERAL LAW (11 U.S.C. § 528(a))

- 1. Parties: In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford. Wu & Borges, LLC and its staff attorneys.
- 2. Purpose: Client has requested the opportunity to consult with and obtain information and advice from Attorney concerning options for relief from debts, which may include filing bankruptcy. This agreement is for purposes of that consultation only.
- 3. Client's Duties: In order for Attorney to give meaningful advice, Client agrees to give accurate, honest, full and fair disclosure of financial information concerning income over the past three years from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), all assets and property owned by the client, wherever located and by whomever held, and any additional information determined by Attorney to be relevant.
- 4. Services: The attorney agrees to provide Client with the following services:
 - a. analyzing Client's financial circumstances based on information provided by Client;
 - b. to the extent possible, advising Client of bankruptcy options and non-bankruptcy options based on the information provided by Client;
 - if Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, informing Client what additional information Client needs to provide in order to enable Attorney to provide such advice and information;
 - d. where applicable, advising Client of the requirements placed upon Client to file a bankruptcy; and
 - for for providing honorountry and/or nonhankruntry assistance to Client

| e | to the extent possible, quoting a fee for providing banks upicy and of nonbann | dupicy as | Sistemod to Circuit |
|-----------|--|-----------------------|--|
| 5. Feesy | (check one): | | |
| | A consultation fee will be waived if Client decides not to retain Attorney, i relationship shall terminate at the conclusion of the interview | n which | case the attorney-client |
| <u></u> (| Client agrees to pay \$ in nonrefundable consultation fee | | |
| the case, | rent Client decides to retain Attorney, this consultation becomes billable and is consultation are written contract, as well as a Court-Approved Retention Agreement and Attorney, which shall supersede this agreement. The new agreement(s) will auties' obligations and a breakdown of the costs. | լ ու արթու | able, must be signed by |
| Client is | nowledgement: Client acknowledges that the first date upon which Attorney provise the date noted above, and that Attorney provided Client with a copy of this tion mandated by Section 527(b) of the Bankruptcy Code. | vided any agreemen | bankruptcy assistance to t and the disclosure and |
| | vole / x | Date: | 4112118 |
| Attorne | y Signature: 6274335 | | |
| | \bigvee/\bigvee | opyright © 20 | 15 Ledford, Wu & Borges, LLC |

Case 18-19318 Doc 1 LFH 0 R7/10/18 B 6 Res 2 07/10/18 15:21:39 FOR OFF 105 W Porth Property Floor, agree 54, of 60802

(312)853-0200 Fax: (312)873-4693

ATTORNEY RETENTION CONTRACT

Responsible attorne CARA signed?

ct, "Client" means the undersigned, both individually and jointly; "Attorney" means Ledford, Wu & Borges, LLC and

| 1. Parties. In this contract, "Client" means the undersigned, both individually and jointly, "Attorneys to the extent of inconsistency. In the its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of inconsistency. In the extent of any inconsistency between this contract and a Court-Approved Retention Agreement, the latter shall prevail. | |
|---|---------------------------------|
| 2. Services: Client retains Attorney for the following services: Chapter 13 bankruptcy (debt adjustment) | |
| Scope of Representation: (a) Attorney will counsel and represent Client in all aspects of the above matter(s) for the fee specified in Paragraph 4 EXCEPT: (1) adversary proceedings; (2) post-discharge litigation; (3) appeals; (4) other (specify): | , |
| 4. Fees: Legal fee: \$ PLUS Expenses: \$ PLUS \$310 filing fee (a Court-Approved Retention Agreement may apply also) Total be paid before filing: \$ With payroll control; \$ without payroll control; \$ TOTAL TO FILE: \$ Solvent Policy Solvent Poli | w se |
| The legal fee covers the initial consultation and all subsequent work. The case may be closed if the fees are not paid by the deadline Additional legal fees may apply if the parties have entered into a Court-Approved Retention Agreement and such Agreement so authorizes, or the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement post filing or other reasons not due to Attorney's fault. NSF checks will be assessed a \$20 fee. | s. if t- |
| 5. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial): The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 A Chapter 13 plan will be submitted to the Court in good faith. The plan payment may have to increase if creditor claims come higher than scheduled, creditors successfully argue that they are entitled to a higher interest rate, the Trustee successfully argue that the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably higher than the budgeted income is lower than actual income, the Trustee successfully argues that the plan is not the best effort you can make to repay your creditors. TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adverse affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and information, including but not limited | gh ely |
| Other (specify): Other (specify): Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and m change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed. | ay |
| Client's Duties. Client agrees, during the course of representation, to: provide Attorney with full, accurate and timely information, financial and otherwise; follow Attorney's procedures and cooperate with Attorney in providing requested documents and information; promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card line of credit, or using an existing credit card or line of credit; and promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ outsing the loan of the property settlement. | ıt's |
| 7. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, counsel, at Attorney's expense, to work on this case, including: Kathleen W. Vaught, Kelly M. Johnson, David Carter, or Christina Banyon. 8. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney to provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client will recimburse Attorney for any expenses, including those that otherwise would be free of charge, and authorizes Attorney to apply the filing and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. Date: \(\begin{array}{c} 1 & 2 & 1 & 2 & 0 \end{array} \) | ney the wil ien fee |
| Attorney Signature: ARDC # Copyright © 2015 Ledford, Wu & Borges, L | LLC |

United States Bankruptcy Court Northern District of Illinois

| In re | Laraine Poole | | Case No. | |
|-------|--|---|------------------------|----------------------|
| | | Debtor(s) | Chapter 13 | |
| | VE | RIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 30 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | ors is true and correc | et to the best of my |
| Date: | July 10, 2018 | /s/ Laraine Poole Laraine Poole Signature of Debtor | | |

Laraine Poole 212 N. Pine Ave. Apt 1 Chicago, IL 60644

Xiaoming Wu ARDC Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602

AllState Indemnity Co. P.O. Box 55126 Boston, MA 02205

Arnold Scott Harris, P.C. 111 W. Jackson Blvd Ste 600 Chicago, IL 60604

AT & T PO Box 8105 Aurora, IL 60507

AT & T P.O. Box 5080 Carol Stream, IL 60197-5080

Attorney General Welfare 160 N. LaSalle Chicago, IL 60601

Blitt & Gaines 661 Glenn Ave. 2018 M1 108604 Wheeling, IL 60090

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cavalry Portfolio Services Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595 City of Chicago Dept of Revenue P.O. Box 88292 Chicago, IL 60680-1292

City of Chicago Corporate Counselor 121 N. LaSalle Street Suite 600 Chicago, IL 60602

City of Chicago Dept. of Finance PO Box 6330 Chicago, IL 60680

Credit Collection Service PO Box 55126 Boston, MA 02205

Dept of Ed / 582 / Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

ERC
PO Box 23870
Jacksonville, FL 32241

First Saving Bank / Blaze Attn: Bankruptcy Po Box 5096 Sioux Falls, SD 57117

First Savings Credit Card Po Box 5019 Sioux Falls, SD 57117

Harvard Collection Attn: Bankruptcy 4839 N Elston Ave. Chicago, IL 60630

Illinois Department Human Services 100 S Grand Ave E Springfield, IL 62762 Illinois Department Human Services PO Box 19407 Springfield, IL 62794-9407

Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Sears/cbna Po Box 6282 Sioux Falls, SD 57117

Sears/cbna Po Box 6189 Sioux Falls, SD 57117

Secretary of State Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723

Security Check Attn: Bankruptcy Dept 2612 Jackson Ave W Oxford, MS 38655

Signature Smiles Dental Care 1128 Lake Street, Ste 1 Oak Park, IL 60301

Synchrony Bank/ JC Penneys Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

T-Mobile PO Box 742596 Cincinnati, OH 45274-2596

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440